

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## PLACE OF DEATH

County Gentry  
 Township Jackson  
 or King City  
 Village King City  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

 MISSOURI STATE BOARD OF HEALTH—  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 312 File No. 32630  
 Primary Registration District No. 4188 Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mary H. Peters

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
 (Write the word)

## DATE OF BIRTH

7-49 Apr 21, 1849  
 (Month) (Day) (Year)

## AGE

63 yrs. 6 mos. 2 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

g-o

## BIRTHPLACE

(City or town, State or foreign country)

Chmd

## PARENTS

NAME OF FATHER

Robert Chandler

BIRTHPLACE OF FATHER  
 (City or town, State or foreign country)

-

MAIDEN NAME OF MOTHER

Elizabeth Wilson

BIRTHPLACE OF MOTHER  
 (City or town, State or foreign country)

Delaware

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. Peters

(ADDRESS)

King City, Mo

Filed

Oct 24, 1912

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

October 23, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from October 20, 1912, to Oct 23, 1912, that I last saw her alive on Oct 23, 1912, and that death occurred, on the date stated above, at 3:30 P.

The CAUSE OF DEATH\* was as follows:

Cerebral hemorrhage

(Duration) ✓ yrs. ✓ mos. ✓ ds.

Contributory (SECONDARY)

(Duration) 2 yrs. ✓ mos. ✓ ds.

(Signed)

BR McAllister M. D.  
Oct. 24, 1912 (Address) King City, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Empire

DATE OF BURIAL

Oct 24, 1912

UNDERTAKER

W. L. and E. C. Bold

ADDRESS

King City

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH	
County <u>Sentry</u>			REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.	BUREAU OF VITAL STATISTICS
Township _____			CERTIFICATE OF DEATH	
or Village <u>King City</u>			Registration District No. <u>3/2</u>	File No. <u>32630</u>
or City _____			Primary Registration District No. <u>4/88</u>	Registered No. <u>13</u>
FULL NAME <u>Mary H. Peters</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
PERSONAL AND STATISTICAL PARTICULARS				
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)		
DATE OF BIRTH <u>April 21, 1849</u> (Month) (Day) (Year)				
AGE <u>63</u> yrs. <u>6</u> mos. <u>2</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?				
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)				
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>				
PARENTS	NAME OF FATHER <u>Robert Chandler</u>			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>X</u>			
	MAIDEN NAME OF MOTHER <u>Elizabeth Wilson</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Delaware</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>M. H. Peters</u> <u>X</u>				
(ADDRESS) <u>King City, Mo.</u>				
Filed <u>Oct 24</u> 191 <u>2</u> <u>W. L. Cole</u> REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH <u>Oct. 23, 1912</u> (Month) (Day) (Year)				
I HEREBY CERTIFY, that I attended deceased from <u>Oct. 20, 1912</u> , to <u>Oct. 23, 1912</u> , that I last saw her alive on <u>Oct. 23, 1912</u> , and that death occurred, on the date stated above, at <u>331 P.</u>				
The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u>				
(Duration) ____ yrs. ____ mos. ____ ds.				
Contributory (SECONDARY) <u>arteriosclerosis</u>				
(Duration) ____ yrs. ____ mos. ____ ds.				
(Signed) <u>B. P. McAllister</u> M. D.				
_____, 191____ (Address) _____				
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.				
Where was disease contracted If not at place of death?				
Former or usual residence				
PLACE OF BURIAL OR REMOVAL <u>Empire</u>				DATE OF BURIAL <u>Oct. 24, 1912</u>
UNDERTAKER <u>W. L. Cole</u>				ADDRESS <u>King City</u>

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